



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 1416; Abingdon, VA 24212
Telephone: (276) 676-5423

REGISTRATION FORM

Pursuant to the Code of Virginia, Section 45.1-361.37, the undersigned submits the following registration data:

1. Company Name: _____
Address: _____
Telephone Number: _____
24-Hour Contact Number: _____

2. Plan or organization (state whether individual, partnership, joint venture, corporation etc.): _____

3. Registrant's business activities requiring registration:

- | | |
|---|--|
| <input type="checkbox"/> To drill wells wholly or partly owned by oneself | <input type="checkbox"/> To own wells or pipelines |
| <input type="checkbox"/> To drill or complete wells for others on contract | <input type="checkbox"/> To construct or reclaim operation sites |
| <input type="checkbox"/> To operate wells or pipelines for others on contract | <input type="checkbox"/> To operate wells or pipelines wholly or partly owned by oneself |
| <input type="checkbox"/> To conduct ground disturbing geophysical operations | |

4. If a foreign corporation (out of state), furnish (a) place and date of incorporation and (b) the State Corporation Commission ID Number
(a) _____
(b) _____

5. Person in charge of operations in Virginia:
Name: _____ Signature: _____
Title: _____ Telephone Number: _____ Date: _____
Address: _____

6. Designated Agent pursuant to Code of Virginia Section 45.1-361.37.B:
Name: _____ Signature: _____
Title: _____ Telephone Number: _____ Date: _____
Address: _____

7. Virginia Operations Address (if different from above)
Name: _____ Signature: _____
Title: _____ Telephone Number: _____ Date: _____
Address: _____